

meet during the session of the Senate on Friday, May 17, 1996, at 10 a.m. to hold a hearing.

The PRESIDING OFFICER. Without objection, it is so ordered.

SPECIAL COMMITTEE TO INVESTIGATE WHITE-WATER DEVELOPMENT AND RELATED MATTERS

Mr. LOTT. Mr. President, I ask unanimous consent that the special committee to investigate Whitewater Development and related matters be authorized to meet during the session of the Senate on Friday, May 17, 1996, to conduct hearings pursuant to Senate Resolution 120.

The PRESIDING OFFICER. Without objection, it is so ordered.

ADDITIONAL STATEMENTS

RISE IN COCAINE USE

• Mrs. FEINSTEIN. Mr. President, I rise today to bring to the Senate's attention startling new evidence of a resurgence in severe cocaine abuse.

A recent study conducted and released in California reveals that the use of cocaine is still very much present, that it causes severe health problems and that it shows no signs of slowing down.

The report, conducted by the Public Statistics Institute, found that emergency room admissions for cocaine abuse have soared to an all-time high in California.

After a surge in cocaine morbidity during the 1980's, there was a significant drop in 1990, then a complete resurgence to new highs in 1994.

The report showed emergency-room admissions related to cocaine increased to 13,496 in 1994. This represents a 27-percent increase from the previous high of 10,660 in 1988, 79-percent increase over the previous low of 7,545 in 1990, and 266-percent increase over the 3,688 admissions a decade earlier, in 1985.

Rates were substantially higher in densely populated cities in southern and northern California. The State's average of 42 admissions per 100,000 people was 270 percent higher in San Francisco, 108 percent higher in Alameda County, 38 percent higher in Contra Costa County and 47 percent higher in Los Angeles County.

Outside the Bay Area, the rates also posted significant increases including a ten-fold increase in Sacramento County, 750 percent throughout the San Joaquin Valley, and more than 700 percent in Fresno County, and more than 650 percent in the central California region of Kern, Kings, Madera, Mariposa, and Tulare counties.

Thousands of cocaine users are arriving in hospitals every year for treatment of seizures, shock, brain hemorrhage, coma, vomiting, cardiac arrest, chest pain, fever, and acute paranoia. According to the study's researchers, these problems are only the tip of the iceberg relating to cocaine use.

The decrease in 1990, perceived to be the result of Federal legislation regu-

lating the chemicals to produce cocaine, appears to have only been a short pause in what seems to be a problem of epidemic proportions.

The numbers were even more striking for patients of ethnic groups. The number of African-American patients soared from 63.5 per 100,000 in 1985 to 275 per 100,000 admissions in 1994. From 1990 to 1994, admissions among African-Americans rose 116 percent, 115 percent among Latinos. In contrast, admissions rose 36 percent among whites. Researchers speculate that the disparity may possibly be linked to the recently documented rise of methamphetamine use by whites.

In just a very short period of time, the group that conducted this report—The Public Statistics Institute—has established a strong record for their non-partisan, objective reports on drug use and emergency-room admissions in the State of California.

This group's report on methamphetamine use in California was one of the first reports completed that showed a real epidemic is developing. The earlier methamphetamine report showed a 366-percent increase in methamphetamine-related emergency room admissions in California from 1984 to 1993. Hospitals in central California saw an unprecedented 1,742-percent increase in admissions.

I am making these comments—and I attended a hearing last week on our Nation's drug control strategy—because I feel eradicating drugs from our society is one of our most pressing challenges.

The President's drug control plan announced last week outlines important steps to meet this challenge. I am pleased to endorse his action and urge my colleagues to do so as well.

I am especially pleased that two of the five major strategies under the plan respond to problems that are especially troubling in California methamphetamine and drug smuggling from Mexico.

The President has proposed a comprehensive national methamphetamine strategy, which will attack the problem of methamphetamine from several sides, including enforcement, training police, legislation, regulations to control precursor chemicals, environmental cleanup of clandestine laboratories where methamphetamine is made, international cooperation, public education; and treatment.

Specific legislative proposals to help control methamphetamine include two provisions which are very similar to sections of the Methamphetamine Control Act, which I introduced earlier this year in a bipartisan effort with Senators GRASSLEY, REID and KYL increase penalties for trafficking in precursor chemicals required to make methamphetamine, and impose stiff civil penalties on chemical supply houses that furnish vital precursor chemicals to clandestine methamphetamine laboratories.

Senator JOHN MCCAIN recently joined us in cosponsoring the Methamphet-

amine Control Act, and I am hopeful that the distinguished chairman of the Judiciary Committee will hold hearings on this bill in the very near future.

Passing legislation on methamphetamine alone will not solve our Nation's drug crisis.

We must also commit our resources to fighting the entry of drugs across our border, from Mexico.

Mexico is the dominant entry point for the illegal drugs which flow into our country and especially into my State of California.

The Southwest Border Initiative—which is another very important part of the President's anti-drug strategy—adds hundreds of new enforcement agents and prosecutors to our border with Mexico, where they are sorely needed, including 657 additional Customs staff at ports of entry along the border; 700 new Border Patrol agents; and new agents for the DEA and FBI.

Overall, the President's Drug Control Strategy calls for increased funding for drug control to rise from \$13.8 billion to \$15.1 billion in the next 2 years.

In the end, I'm sure my colleagues will agree that we don't need another report to tell us just how bad the drug problem has become in this country.

We're losing an entire generation to the scourge of drugs. With the increasing availability of methamphetamine and crack, the problem is only going to get worse.

Congress must choke off the supply of these drugs and set tough, strong penalties against those who profit from the drug trade.

There are three steps each Member of Congress can take, starting today, that will take steps toward this goal.

First, support the President's drug control strategy, including the budget requests necessary to carry it out. It's a Presidential year, so some on the other side of the aisle may be less likely to support this plan. I urge everyone in this Chamber to review the plan, make it better, but pass it quickly.

Second, pass the Methamphetamine Control Act of 1996, which has bipartisan support and which makes reasonable steps of stopping this horrendous drug from spreading from the Western states to the entire Nation.

Third, speak out against drugs in our communities, to our young people, so we can reach them before it is too late. No more message, in the end, is more effective than for everyone—community leaders, elected officials, and, most important, parents—to give a resounding message to our young people to stay away from drugs.

I thank the Chair for this opportunity and I yield the floor.●

ADMINISTRATION OF CERTAIN PRESIDIO PROPERTIES

Mr. LOTT. Mr. President, I ask that the Chair lay before the Senate a message from the House of Representatives